| PATENT APPLICATION FEE DETERMINATION RECO                                |  |  |                  |                                   |                         |   |            |                        | Application or Docket Number |      |                    |  |  |
|--|--|--|------------------|-----------------------------------|-------------------------|---|------------|------------------------|------------------------------|------|--------------------|--|--|
| Effective October 1, 2001  |  |  |                  |                                   |                         |   |            | 10010135               |                              |      |                    |  |  |
| CLAIMS AS FILED - PART   (Column 1) (Column 2)                           |  |  |                  |                                   |                         |   |            | SMALL ENTITY OTHER THA |                              |      |                    |  |  |
| TOTAL CLAIMS   |  |  | 15               |                                   |                         |   |            | RATE                   | FEE                          | 7    | RATE               | FEE  |  |
| FOR  |  |  | NUMBER FILED     |                                   | NUMBER EXTRA            |   |            | BASIC FI               | <b>370.00</b>                | OR   |                    |  |  |
| ΤC   | TAL CHARGE   | /5 minus 20=                               |                  | •                                 |                         |   | X\$ 9=     | 1                      | OR                           | Vaca |                    |  |  |
| INDEPENDENT CLAIMS   |  |  | J minus 3 ≥      |                                   | • _                     |   |            | X42=                   |                              | 1    | X84=               | <del>                                     </del> |  |
| MULTIPLE DEPENDENT CLAIM PR  |  |  | RESENT           |                                   |                         |   |            |                        | +                            | OR   | 707-               | $\rightarrow$                                    |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |                  |                                   |                         |   |            | +140=                  |                              | OR   | +280=              | - {  |  |
| CLAIMS AS AMENDED PARTY  |  |  |                  |                                   |                         |   |            |                        |                              |      | 74000              |  |  |
|  |  | (Column 1)                                 | MENDEL           | (Column 2)                        |                         |   |            | SMALL                  | .ENTITY                      | OR   | OTHER<br>SMALL I   |  |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                  | HIGH<br>NUM<br>PREVIO<br>PAID     | BER                     | PRESENT<br>EXTRA                              |            | RATE                   | ADDI-<br>TIONAL<br>FEE       |      | RATE               | ADDI-<br>TIONAL<br>FEE                           |  |
|  | Total  | . 15                                       | Minus            | . 0                               | 20                      | •-  |            | X\$ 9=                 | $V_{-}$                      | OR   | X\$18=             |  |  |
| AM   | Independent  | • /  | Minus            | 3                                 |                         | <u> -                                    </u> |            | X42=                   |                              | OR   | X84=               |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                  |                                   |                         |   |            |                        |                              | OR   | +280=              | V  |  |
|  |  |  |                  |                                   |                         |   |            | +140=.                 |                              |      | YOTAL              |  |  |
|  |  | (Column 1)                                 |                  | (Colun                            | nn 21                   | (Column 3)                                    | •          | VOOIT. FEE             | <u> </u>                     | Un.  | ADDIT. FEE         |  |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                  | HIGH<br>NUMI<br>PREVIO<br>PAID I  | EST<br>SER<br>JUSLY     | PRESENT<br>EXTRA                              |            | RATE                   | ADDI-<br>TIONAL<br>FEE       |      | RATE               | ADDI-<br>TIONAL<br>FEE                           |  |
|  | Total  | •  | Minus            | *                                 | -                       |   | H          | XS 9=                  |                              | OR   | X\$18=             |  |  |
|  | Independent  | •  | Minus            | ***                               |                         | •   | lŀ         | X42=                   |                              |      |                    |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |  |  |                  |                                   |                         |   |            | M2=                    | <b></b>                      | OR   | X84=               |  |  |
|  |  |  |                  |                                   |                         | _   |            | +140=                  |                              | OR   | +280=              |  |  |
|  |  |  |                  |                                   |                         |   |            | YOTAL<br>DOIT, FEE     |                              | OR   | TOTAL<br>ODIT, FEE |  |  |
| (Column 1) (Column 2) (Column 3)   |  |  |                  |                                   |                         |   |            |                        |                              |      |                    |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                  | HIGHI<br>NUME<br>PREVIO<br>PAID F | IER<br>USLY             | PRESENT<br>EXTRA                              |            | RATE                   | ADDI-<br>TIONAL<br>FEE       |      | RATE               | ADDI-<br>TIONAL<br>FEE                           |  |
| <b>₹</b>   | Total  | •  | Minus            | **                                |                         | •   |            | X\$ 9=                 |                              |      | X\$18=             |  |  |
|  | Independent  | *  | Minus            | 444                               |                         | <b>D</b> ·                                    | <b> </b> - |                        |                              | OR   |                    | <del></del>                                      |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X42= OR X84=              |  |  |                  |                                   |                         |   |            |                        |                              |      |                    |  |  |
| +140= OR +280=   |  |  |                  |                                   |                         |   |            |                        |                              |      | j                  |  |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Peid For" IN THIS SPACE is less than 20, enter "20."  "TO ADDIT. I MICHAEL Number Previously Peid For" IN THIS SPACE is less than 3, enter "3." |  |                  |                                   |                         |   |            |                        |                              | OR . | TOTAL<br>DOIT, FEE |  |  |
| 1  | he "Highest Num  | mber Previously Pai<br>ber Previously Paic | ID For (Note) or | s SPACE is<br>Independe           | less that<br>nt) is the | n 3, enter "3."<br>highest number             |            |                        | propriate box                |      |                    |  |  |